Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLHelp@michigan.gov

CERTIFICATION OF CHIROPRACTIC EDUCATION

Authority: 1978 PA 368

This form must be submitted directly to this office by the educational institution you attended. If this form is submitted by the applicant, it will not be accepted.

Section of Form to be completed by Applicant

Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	Email Address	
Applicant's Signature	Date	

Remainder of Form to be completed by Dean or Registrar of Chiropractic School

Name of Chiropractic School		
Address of Chiropractic School		
City	State	Zip Code

CERTIFICATION AND SIGNATURE

I certify that the applicant named above attended the chiropractic school named above

from _____ to _____ and was granted a degree in
(Month/Day/Year) (Month/Day/Year)

_____.

I also certify that they satisfactorily completed at least 2 years, four semesters or six quarter terms at the chiropractic school named above.

_____ _____
Signature of Dean or Registrar Date

_____
Print or Type Name of Dean or Registrar (Seal) If school has no seal, please indicate.